

NORTH DAKOTA WING AIRCRAFT

MISSION NUMBER: _____ DATE: _____

This form to be left at FBO fueling point to support CAP operations.

CORPORATE AIRCRAFT ONLY**AIRCRAFT FLIGHT INFORMATION****AIRCRAFT EXPENSE**

| CAP | CAP | CAP | | FBO | FBO | FBO | FBO | CAP |
|-------------|-----------------|--------------|--|-----------------|------------------|--------------------|-------------------|---------------------------|
| DATE | N NUMBER | HOURS | | GAL FUEL | FUEL COST | *OTHER COST | TOTAL COST | PILOT NAME - PRINT |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*Attach note of explanation for other cost.

OPR; DA

NDWg Form 108-2 21 Oct 02 Copy as required, Previous editions will not be used.